	Notification C	Hazardous Waste Sit	Environmental Protection Agency	
<u></u>	This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.	Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies. 8/06/09	US EPA RECORDS CENTER REGION 5 483436	
Δ	Person Required to Notify:		123 000-00 - 210	
	Enter the name and address of the person or organization required to notify.	Name Mobil Oil Corporation Street P.O. Box 874		
		city Joliet -	State IL Zip Code 60434	
В	Site Location: Enter the common name (if known) and actual location of the site.	Name of Site Mobil Oil Corporation Street Interstate 55 and Arser		
		City Channahon County Will	State IL Zip Code 60410	
C ·	Person to Contact: Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.	Name (Last, First and Title) Clodi, C. E., A Phone 815-423-5571, X308	ssistant Technical Manager	
O	Dates of Waste Handling:			
	Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.	From (Year) 1974 To (Year) Preso	ent 1981	
E	Waste Type: Choose the option you pr	efer to complete		
	Option I: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site. Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 30 regulations (40 CFR Part 261).			
		listed in the regular appropriate four-d the list of hazardo contacting the EPA located.	Waste: a four-digit number to each hazardous waste ations under Section 3001 of RCRA. Enter the igit number in the boxes provided. A copy of us wastes and codes can be obtained by A Region serving the State in which the site in	
	2. ☐ Inorganics 3. ☐ Solvents 4. ☐ Pesticides 5. ☐ Heavy metals 6. ☐ Acids 7. ☐ Bases 7. ☐ Iro 8. ☐ PCBs 9. ☐ Mixed Municipal Waste 10. ☐ Unknown 11. ☒ Other (Specify) Wastewater Treatment Biological Sludge 15. ☐ Pr 16. ☐ La 17. ☐ Un 18. ☒ Other 18. ☒ Other 19. ☐ Control 10. ☐ Mattewater Treatment 11. ☐ Control 12. ☐ Treatment 13. ☐ Un 14. ☐ Sa 15. ☐ Pr 16. ☐ La 17. ☐ Un 18. ☒ Other 18. ☒ Other 19. ☐ Control 19. ☐ Co	Instruction Instru	JUN -9 81	
	Form Approved OMB No. 2000-0138	JUN 1 2 1981		

EPA Form 8900-1

	Notification of Hazardous Waste Site	Side Two	•		
F	^ Waste Quantity:	Facility Type (Total Facility Was	e Amount		
بهم سمسه	Place an X in the appropriate boxes to indicate the facility types found at the site.	1. Piles cubic feet 580,000 2. 🛛 Land Treatment			
	In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.	3. □ Landfill 4. □ Tanks Total Facility Area 5. ☒ Impoundment	A -		
	In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.	6. Underground Injection 7. Drums, Above Ground 8. Drums, Below Ground 9. Other (Specify)			
$\overline{\mathbf{G}}$	Known, Suspected or Likely Releases	to the Environment:			
	Place an X in the appropriate boxes to indica or likely releases of wastes to the environment		ted 🗆 Likely 🗀 None		
	Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessin hazardous waste sites. Although completing the items is not required, you are encouraged to do so.				
Н	Sketch Map of Site Location: (Options	al)	· · · · · · · · · · · · · · · · · · ·		
	Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.				
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			· · · · · · · · · · · · · · · · · · ·		
		•			
1	Description of Site: (Optional)				
	Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.				
J	Signature and Title:				
	The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person	Street City State Zip Code Signature Date 6/8/8/	 □ Owner, Present □ Owner, Past □ Transporter ☒ Operator, Presen □ Operator, Past □ Other 		
	required to notify. If you are not required to notify check "Other".	Date 6///	: •		

obil

P.O. BOX 974

E THE LET

P07 41.69496

MAN

P. O. BOX 874
JOLIET, ILLINOIS 60434

Mobil

first class mail

USEPA Region 5
Sites Notification
230 South Dearborn Street
Chicago, Illinois 60604

CO-545(2-66

SEPA

Notification of Hazardous Waste Site

ROS-8212-1A IL-155-09

United States
Environmental Protection
Agency
Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

1LD089813588

De mailed by Julie 9, 1981.

11-#33C

person

16-00-0-01-209

A	Person Required to Notify:
	Enter the name and address of the or organization required to notify.

Name Mobil Joliet Refining Corporation

Street P.O. Box 874

city Joliet

State IL Zip Code

Zip Code 60434

B Site Location:

Enter the common name (if known) and actual location-of-the-site:

064 403199

Name of Site Mobil Oil Corporation - Joliet Refinery

Street Interstate 55 and Arsenal Road

Channahon County Will

State IL

Zip Code 60410

Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) Clodi, C. E., Assistant Technical Manager

Phone 815-423-5571. X308

Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) 1974

City

To (Year) Present

198

E Waste Type: Choose the option you prefer to complete

Option I: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

General Type of Waste: Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category. Source of Waste:

Place an X in the appropriate boxes.

- 1.
 Organics
- 2.

 Inorganics
- 3.

 Solvents
- 4. ☐ Pesticides
- 5.

 Heavy metals
- 6. ☐ Acids
- 7.
 Bases
- 8. PCBs
- 9. Mixed Municipal Waste
- 10. 🖸 Unknown
- 11. X Other (Specify)

Wastewater Treatment

Biological Sludge

- 1.
 Mining
- 2. ☐ Construction
- 3.

 Textiles
- 4. Fertilizer
- 5.

 Paper/Printing
- 6.

 Leather Tanning
- 7. Iron/Steel Foundry
- 8.

 Chemical, General
- 9. ☐ Plating/Polishing
 10. ☐ Military/Ammunition
- 11.

 Electrical Conductors
- 12. ☐ Transformers
- 13. Utility Companies
- 14. ☐ Sanitary/Refuse
- 15. Photofinish
- 16. ☐ Lab/Hospital
- 17. Unknown
- 18. 区 Other (Specify)

Petroleum Refining

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Specific Type of Waste:

EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

D001	•	,		·
D002				
D003				
K048				
K051				
K052			İ	
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)		A Manager and A Section 1997			
•	Notification of Hazardous Waste S	Side Two			
F	Waste Quantity:	Facility Type	Total Facility Waste Amount		
	Place an X in the appropriate boxes to indicate the facility types found at the site.	□ Piles □ Land Treatment	cubic feet 580,000 Cubic Feet (
	In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons. In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.	3. □ Landfill 4. □ Tanks	Total Facility Area		
		5. 区 Impoundment 6. 日 Underground Injection	square feet		
		7. □ Drums, Above Ground8. □ Drums, Below Ground	acres 44 Acres A		
		9. Other (Specify)			
G	Known, Suspected or Likely Releases				
	Place an X in the appropriate boxes to indicate or likely releases of wastes to the environm		□ Known □ Suspected □ Likely Ø None ☑ None Known		
	Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.				
Н	Sketch Map of Site Location: (Option	al)			
	Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing				
	the direction north. You may substitute a publishing map showing the site location.				
	ş • • •				
l	Description of Site: (Optional)				
:	Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.				
	·				
J	Signature and Title:				
	The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the	Name D. E. Choate - President, Refining Co	☐ Transporter ☐ Code ☐ Operator, Present ☐ Operator, Past		
	relationship to the site of the person required to notify. If you are not required to notify check "Other".	Signature School	Date 6/8/8/		